nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH			
infor state UPA	1. PLACE OF DEATH	82.0			
	County Washingston	Registration Dist. No. 306			
	Village or City Ringgold	No			
	(II	f death occurred in a hospital or institution, give its NAME instead of street and number)			
Every MANNS Ement	Length of residence In city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds			
RD. Every YSICIANS	2. FULL NAME Trudence addlesses	erger			
RD. YSI	(a) Residence: No. Ring gold	St.,Ward.			
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State			
RECO. PH Exact	- CTV	MEDICAL CERTIFICATE OF DEATH			
F 2	OR DIVORCED (write the word)	21. DATE OF DEATH			
T L ed.	Va. If married, widowed, or divorced	(Month) (Day) (Year)			
AZOS	HUSBAND of Ferance addlesberger	22. I HEREBY CERTIFY) That I attended deceased from			
BINDI EXA y classi te.	- The state of the	12 1936 to 12 1936			
	6. DATE OF BIRTH (month, day, and year) april 17 1859	I last saw h alive on 2 1935 death is said			
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date state above, at 5 Qm.			
FOR IS A stated proper	76 / 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
- 00	8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, BDDKKEEPER, etc.	Derla Lemantena Date of onset			
TED THIS I be	SAWYER, BDDKKEEPER, etc. 1) Duse Work	7 / 1/2			
KK—T Should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc				
SE N. S. P.	D 1D. Date deceased last worked at 11, Total time (years)				
RE:	this occupation (month and spent in this occupation	100			
INC INC A C	12. BIRTHPLACE (city or town). Pacis exulle Pa	Other Coutributory Causes of importance			
GIN ed. ed. is, so truct	(State or country)	Control & Comment 272			
MARGIN RE UNFADING supplied. AGI a terms, so tha	13. NAME Henry Creases				
DHA	14. BIRTHPLACE (city or town)	Name of operation Date of			
O	(State or country) in a	What test confirmed diagnosis? Was there an autopsy?			
WITJ WITJ efully in pla ant.	15. MAIDEN NAME / Januar Brooks	23. If death was due to external couses (VIOLENCE) fill in elso the following:			
	15. MAIDEN NAME / Januar Brooks 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?			
AINLY, Id be car DEATH y import	X (State or country)	Where did injury occur?			
DE DE	17. INFORMANT Frank addles vers	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.			
E PLA should OF D	(Address) Ringgold ind				
E S S S S S S S S S S S S S S S S S S S	18. BURIAL, CREMATION, DR REMOYAL Place Purguel & Comptany Date 6/15 1935	Menner of injury			
WRIT WRIT Nation MAUS	Place Lingfold Country Date 6/15, 19.3.5	Nature of injury			
· I E O H	19. UNDERTAKER Walter y Grove	24. Was disease or injury in any way related to occupation of deceased?			
R Ko	(Address) Nayworkow Za	If so, specify			
S Z	20. FILED June 12, 19 BS Ses We terguan	(Signed) M. D.			
(7)	A local Registrar.	(Address) of which the same			
	If more blanks are needed, dddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. 373			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—	CERTIFICATE OF DEATH	4-15
1. PLACE OF DEATH		920	
County Washington		Registration Dist. No.	02
Village or City Hagerstown	7	No. 1915 Virginia Avenue St., death occurred in a hospital or institution, give its NAME instead of street and states.	Ward
Length of residence in city or town where deat		ds. How long In U.S. if of foreign birth?yrsm	osds.
2. FULL NAME John Wesl	ley Aleshire		
(a) Residence: No. 1915 Vij	rginia Avenue	St., Ward.	
PERSONAL AND STATISTIC		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 3.	, 193.5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Aleshi		(Month) (Day) 22. I HEREBY CERTIFY That I attended	(Year)
6. DATE OF BIRTH (month, day, and year) Jur	ne ? 1849	101	, 19; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5:30Am,	
85 11	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	etired farmer		
9. Industry or business in which	Juliou laimoi	Carditis - Mitral	
work was done, as SILK MILL, SAW MILL, BANK, etc		Trurmut Jackycaran	
- tins occupation (month and	11. Total time (years) spent in this		-
year) 12. BIRTHPLACE (city or town) Page CO	nty	Other Contributory Causes of importance:	3-
(State or country) Va.	re	CTerrinal J.	days.
13. NAME John W. Aleshi		Name of operation Date of	-
(State or country)	la .	What test confirmed diagnosis? Was there and	
15. MAIDEN NAME Julia		23. If death wes due to external causes (VIOLENCE) fill in also the following	:
15. MAIDEN NAME Julia 16. BIRTHPLACE (city or town) Unknown (State or country)	own Va	Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19
	shire,	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.
(Address) Hagerstown, 18. BURIAL, CREMATION, OR REMOVAL	W(O.	Manner of injury	
Place Alma, Virginia	Date June 5 , 19 35	Nature of injury	
19. UNDERTAKER Fred W. Kra. (Address) Hagerstown		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 6-3- , 1935-6K	Registrar.	(Signed) Heeger Whiles (Address) Hugers Forly, Mil-	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	THE DOME	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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13. NAME

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CAUSE OF DEATH

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STATE OF MARYLAND—CERTIFICATE OF DEATH 168839 infor-OCCUPA-1. PLACE OF DEATH plnods County Washington Village or City Clearspring PHYSICIANS PERMANENT RECORD. Every Length of residence in city or town where death occurred 86 vrs statement 2. FULL NAME ...Lila Anderson Clearspring, Md (Usual place of abode) (a) Residence: No. Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female White

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of John H. Anderson

6. DATE OF BIRTH (month, day, and year) December 5. 7. AGE Years Months Days If LESS than 1 day.____h 86 6 20 or____min. 8. Trade, profession, or perticular kind of work done, es SPINNER, UPATION Home Work SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month end spant in this occupetion _____ (State or country)

12. BIRTHPLACE (city or town) ___ Clearspring.

FATHER Unknown 14. BIRTHPLACE (city or town) ___ Unknown (State or country)

MOTHER 15. MAIDEN NAME Unknwon

16. BIRTHPLACE (city or town) _.. Unknwon (State or country)

17. INFORMANT -- Mrs -- Rose -- McNew (Address) Clearspring, Md
18. BURIAL, CREMATION, OR REMOVAL

Place Vlearspring, Md. Date June 27 19 3"

19. UNDERTAKER Snyder-Rowland Funeral Home..... (Address)

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Balismore, Requesting W. S. No. 1.

Married

	(12-0)
	Registration Dist. No. 303
(If	No. Main Street St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
nos	ds. How long in U.S. if of foreign birth?yrsmosds.
- 60	Ct Itland
	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
_	21. DATE OF DEATH
	June 25 193 5
	(Month) (Day) (Year)
	220 I HEDERY CERTIFY THE WAR
	They I HEREBY CERTIFY, That I ettended to the good from 19 8 8
	10,19
_	I last saw hell alive on from the die , 19 33; death is said
rs.	to have occurred on the date stated ebove, at1_1_140Pm.
3.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
	Whrome Valvalar Date of onset
	Hart Dissesse
	7
	- Land
	3
	Other Contributors Causes of importance:
	Couse unknown
-	
	Name of operationDate of
_	What test confirmed diagnosis Del Del Was there an au'opsy?
	23. If death was due to external causes (VIOLENCE) filt in also the following:
	Accident, suicide, or homicide? Date of injury, 19
	Where did injury occur?
	(Specify city or town county and State)
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	
5	Manner of injury
	Nature of injury
	24. Was disease or injury in eny way related to occupation of deceased?
	If so, specify

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HALE STORY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

TION is very important. See instructions on back of

should state of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

A	6	1	(1	i	1	
U	0		9	F	1)	

1. PLACE OF DEAT	H			(107-2)	
County Washin	gton.	41 T41 - 100		Registration Dist. No. 3	02
Village or City Ha	gersto	wn.		No. 228 S. Locust St.,	
Length of rasidance in city	or town where d	leath occurred 25	(lf	death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrsmr	number)
2. FULL NAME R	oy L.	Baker.			
		Locust		St., . 3 Ward.	
(a) Nesidence. No.		(Usual place	of abode)	If nonresident give city or town and	State
PERSONAL AND		ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. color Whi			RIED, WIDOWED, O (runite tha word) 1816.	21. DATE OF DEATH June (Month) (Dev)	., 193 (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of				22. October 1928 to June 13	
6. DATE OF BIRTH (month, day,	and wase) Se	ept 15.	1912.	I last saw h from alive on Serve / 12 1935	
7. AGE Yeers	Months	Deys	If LESS then	to have occurred on the data stated above, at 9 P. m.	
22	8	28	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DAATH and ralated causas of importance were as follows:	Date of onset
8. Trade, profassion, or part kind of work dona, as SAWYER, BOOKKEEPI	ticular SPINNER, ER, atc	Non		0 0	man
kind of work dona, as SAWYER, BOOKKEEPI 9. Industry or businass to work wes dona, as SII SAW MILL, BANK, ato	vhich	Non		Broncho preumoma	26/
102 Date daceasad last works this occupation (mont year)	ed et	11. Total ti	ma (years) It in this Pation		. 19.22
12. BIRTHPLACE (city or town) (Stata or country)		rstown.	patton	Othar Contributory Causes of importance:	
	er Bake			degeneration	1924
14. BIRTHPLACE (city or tow (Stata or country)		Lagersto Larvland		Name of paration	M
15. MAIDEN NAME		e Smith			
16. BIRTHPLACE (city or tow		esboro.	10	Accident, suicide, or homicide? Date of injury	
17 INFORMANT ELI	ner Bak	cer.	10.	Where did injury occur?	te) .ACE.
18 BURIAL, CREMATION, OR RE Rest Haven Ce	MOVAL emetery	Date Jun	e 16 _{,19} 35	Mannar of injury	
19 UNIIFKLAKEK	red W. Hager	Kraiss stown.	//	24. Wes disease or injury in any way ralated to occupation of deceesed?	No
20. FILED 6-15-, 19	356	nastr	Registrar.	(Signed) All Stelly M. (Addrass) Nagerstown. M.	M. D.
14. BIRTHPLACE (city or tow (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or tow (State or country) 17. INFORMANT Elm (Address) Hage 18. BURIAL, CREMATION, OR REPlace 19. UNDERTAKER	Anni Wayn Pen ner Bak gerstow MOVAL emetery Fred W. Hager	Hagersto Haryland e Smith Hesboro Hasylvan Her. M. Md. Male Jun Kraiss Stown	ia. e 16 _{,19} 35	What test configured diagnosis?	autopsy?, 19

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BUNGAU.	0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of poset

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· ·					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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(item of infor-	S should state	of OCCUPA.	
	RECORD. Every	. PHYSICIAN	Exact statement	
BINDING	PERMANENT	EXACTLY	ly classified.	ato
D FOR	IS IS A	be stated	be proper	of certifica
MARGIN RESERVED FOR BINDING	ITH UNFADING INK-TH	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	plain terms, so that it may b	Saa instructions on back of
V. S. No. 1	N. BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be caref	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is vary important See instructions on hack of certificate

1. PLACE OF DEATH County Count	STA	TE OF MAR	RYLAND-	CERTIFICATE OF DEATH
Village or City Alah Albert Al	1. PLACE OF DEATH			(31)
Length of residence in city or town where desth occurred. 2. FULL NAME (a) Residence: No. (Usual place of shode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR-PR RACE 5. SINCLE-MARBLED, WIDOWED 5. If married, widowed, or divorced (or) WIFE of 1 day, married, widowed, or divorced (o	County // ashu	ylow		Registration Dist. No. 362
Langth of residence in city or town where death occurred	Village or City Melo	In Coleuso		No. St Ward
(2) Residence: No. (Clust place of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Control to word OR DIVORCED Control to word O(0) WHE of 5. If married, widowed, or divorced O(0) WHE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 8. SINGLE MARBILD, WIDOWED, Order to word O(0) WHE of 8. DATE OF BIRTH (month, day, and year) 7. AGE 8. DATE OF BIRTH (month, day, and year) 8. DATE OF BIRTH (month, day, and year) 9. If LESS than a live on 19. If LESS than a live of DEATH end related causes of importance 19. If LESS than a live on 19. If LESS than a live of DEATH end related causes of importance 19. If LESS than a live of DEATH end related causes of Importance 19. If LESS than a live of DEATH end related causes of Importance 19. If LESS than a live of DEATH end related causes of Importance 19. If LESS than a live of DEATH end related causes of Importance 19. If LESS than a live of DEATH end related causes of Importance 19. If LESS than a live of DEATH end related c	Length of residence in city or t	own where death occurred		
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20. FILED 6 - 18", 19 35 6 Must Bowers (Signed) (Signed) M. D. Registrar. (Address) Line Survey M. D.		uto buy es	-el	
	12-18- 7	5 Chart	Bowest	(Signed) M. D.
		76 W. 1		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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PLAMIL	ould be c	F DEAT	ery impo
Y, WITH	arefully	H in plain	rtant. S
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K-TH	l plnod	t may 1	back o
IS IS	e st	e pr	f cer
S A PE	ated E	operly.	tificate
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
RECORD. E	. PHYSICI	Exact stater	
very iter	ANS sh	nent of	/
n of in	ould sta	OCCUPA	1
for-	te	1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66893
1. PLACE OF DEATH	(200
County & Cuelines for	Registration Dist. No. 30 2
Village of City College Colleg	No. 1 Orlabora Court St., Sward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Illian Brisca	
(a) Residence: No. 12/ Loudon (Usual place of abode)	St., S Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3/SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Aug. J. Brisco	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 12 - 27 - 1899	6-15-35 19 to 6-16-35 19
6. DATE OF BIRTH (month, day, and year) /2 - 6 - 28 / - 7. AGE Years Months Days If LESS than	I last saw han alive on the date stated above, at 434 A-m.
36 5 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	were as follows:
No skind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Solution of the state o	Jewel Hammer 6-15-35
A. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Clear bring	Other Contributory Causes of importance:
(State or country)	Hypithous
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME TWAT KNOWN	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19
(State or Aguntry)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Onla of March	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL - MILE 6-18-35	Manner of injury
Place, 19 Date 19	Nature of injury
19. UNDERTAKER ALLE MY aldwell	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify (Signed) M. D.
20. FILED 6 / 7, 1922 6 WWY Bauch Registrar.	(Signed) M. D. (Address) 4.550. Anti-American M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	-1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor- state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(75)
n of ould	county Washington	Registration Dist. No. 302
item of should of OCC	Village or City Y O CLEY SYOU n. (If	No. W Exant: St., S Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Every MANS	Length of residence In city or town where death occurred.	ds. How long In U.S. if of foreign birth?yrsmosds
Ew	2. FULL NAME 1) Luther Duchan	an
CORD. Every PHYSICIANS oct statement	(a) Residence: No. 28 Mby the Arc. (Usual place of abode)	St., H Ward. If nonresident give city or town and State
77 10	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
~	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ING NEI C T	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That Lattended deceased from
NDING RMANEN X A C T I classified.	(or) WIFE of Nettie	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) IN S - 185-5-	I last saw h alive on
FOR BI IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
FOR IS A I stated properlifica	79 6 24. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Trade, profession, or particular	Oate of onest
VED THIS d be ky be kk of	SAWYER, BOOKKEEPER, etc	Hornicial? Verdiet of Conorers
RESERVED IG INK—THIS IGE should be that it may be	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Juny: Da Luther Bushavan died from a flow,
SERV. INK—T should t it may on back	OF10. Oate deceased last worked at 11 Total time (years)	or blows, on the head, with an instrument, or
RES VG IN AGE that	this occupation (month and year) spent in this ourse	instrumente in the harde of a person or persons
	12. BIRTHPLACE (city or town) CLO. Y LOSS	Other Contributory Causes of importance: Lindenovae Cuting
IARGIN UNFADIN upplied. terms, so	(State or country)	
MARGI UNFA supplied n terms,	13. NAME Javid Juchanon 14. BIRTHPLACE (city or town) PROLYLOSS	
Se ii s	14. BIRTHPLACE (city or town) RQLY SS. (State or country)	Name of operation Oate of
된 음 등		What test confirmed diagnosis? Was there an autopsy?
Y, WITY carefully I'H in pla	I DE LANGE	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	16. BIRTHPLACE (city or town) 2.00 05.5 (State or country)	Accident, suicide, or homicide? Homescides Oate of injury deuse 2, 1935.
E PLAINI should be OF DEA's	Jam H Bud	Where did injury occur? Assessation Washington County Manylouds (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
LA Did	(Address) Lagev Shuin (Led	in hand: in his noon in a rooming loval to Tranklin It
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Homicadle
三 三 三 三 三	Placetla Q & Stour ledote June 4, 1935.	Nature of Injury a blow, or blowe, on the head,
-WRITE mation, S CAUSE TION is	19. UNDERTAKER A. I. COX & rucke	24. Was disease or injury in any way related to occupation of deceased?
S. I BOE	(Address) Hadex & town led	· If so, specify
wi m (T)	20, FILEO 6 - 3 1935 Black Bown	(Signed) D'Odward Degrel MA
- 5 Z	Registrar.	(Address) Calling Coloners
Judge Harro	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsef	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
H. BURRALLA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS B	Y PHYSICIAN
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V. S. No. 1 B of OCCUPA-

1. PLACE OF DEATH	(64)
County Washington	Registration Dist. No. 302
Village or City Hagerstown Md	No. 19, E. Franklin st St., 3 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?ds.
	If n.s. oteran specify WAR.
(a) Residence: No. Same as U.a. Dovebode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DWARFED in the word)	21. DATE OF DEATH 17,1935
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of Catherine Davis	22. I HEREBY CERTIFY, Thet I ettended deceased from
7.1.26.20.7	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Feb. 18, 1907 7. AGE Years Months Days If LESS than	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,,,,, 1 day,,,,	to have occurred on the date stated above, et. 9. Am. The PRINCIPAL CAUSE OF DEATH end related causes of importance
1 101	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Blacksmith SAWYER, BOOKKEPER, etc	August by Allumanisti
A Industry or husiness in which	PAD-
work was done, as SILK MILL, SAW MILL, BANK, etc.	Deed when seves
	called
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) illiamsport Md (State or country)	
13. NAME Everett Burgan	
13. NAME Everett Burgan 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country) Strat De Duig Mu	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Henreitta Ardinger	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Henreitta Ardinger 16. BIRTHPLACE (city or town) (State or country) Williamsport Md	Accident, suicide, or homicide?
Mrs. Paul Burgan 17. INFORMANT Hagerstown Md	(Specify city or town, county and State) Specify whether Injury occurred in INDOSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, ON REMOVAL PRAKERSVILLE Md Date June, 20, 19 35	Manner of injury
19. UNDERTAKER Albert Leaf	24. Was disease or injury in any way related to occupation of deceased?
(Address) Williamsport Md	If so, specify
20, FILED 6-19-, 1935 Chast However	(Signed) Straw W. Werk M. D. (Address) Luguston M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regulating V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

6	0	-	13	13
()	U	0	1	()

	CE OF DEATH				Registration Dist. No. 30 2
County Washington Village or City Hagerstown (If Langth of rasidence in city or town whare deeth occurred 12 yrs mos				(lf 2_yrsmos	No. R. F. D. No. 1 St., W f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U. S. if of foralgn birth? yrs. mos.
	L NAMEResidence: No				D. Sti Ward.
COLUMN TO SERVICE STATE OF THE	Residence: No F				
	RSONAL AND				MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			s. single, mar or divorce Single	D (write the word)	21. DATE OF DEATH June 22, , 193 5 (Month) (Day) (Year
5a, If marrie HUSBA (or) WI		d			22. I HEREBY CERTIFY, That I attended daceased of fune 15, 1935, to June 22, 193
6. DATE OF	BIRTH (month, day, a	nd vear) Ji	une 11,	1923	I last saw half alive on Access 19.22 death is
7. AGE	Years 12	Months	Deys 11	If LESS then I day,hrs. ormin.	to have occurred on the date stated above, at 7:15Am.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Invalid Child Invalid Child SAWYER, BOOKKEEPER, etc. Invalid Child			spe occi	nt in this	Other Contributory Causes of importance: Orwalid for life from
13. NAM 14. BIRT	IE James THPLACE (city or town	F. Bu			Name of operation
	(Stata or country)		Wd.		What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Grace Corwell 16. BIRTHPLACE (city or town) Waynesboro (State or country) Pa 17. INFORMANT James F. Butts. (Address) Hagers own, Md. R. D. # 1 18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Data June 24, 1935			esboro tts,	D # 3	23. If daath wes dua to extarnal causas (VIOLENCE) fill in also the following: Accidant, sulcide, or homicida?
					Nature of injury
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown, Md.			raiss, Mar	Howe.	24. Was disaase or injury in any way related to occupation of dacaasad? If so, spacify Signad) HS Porterfield
	, 17-			Registrar.	(Addrass) 136 W Washington

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	Registration Dist. No. 307 No. 725 Wash Cylon Con Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. If of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (May) (War)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Shiel born,	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day,hrs.	I last saw h; daath is said to have occurred on the date stated prove, at
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	were as follows: Date of enset
9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data decaased lest worked at this occupation (month and	Chie
this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) Haylers Local	Other Contributory Causes of importance:
(State or country) Main 13. NAME 2a Company	Name of operation Date of
(State of country)	What tast confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME buce down, 16. BIRTHPLACE (city or town) dury 17. INFORMANT bugie down (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Placa Previous Data July 25, 1935	Manner of injury
19. UNDERTAKER Der Gre Jacobs (Addiass)	24. Was disease or injury in any way related to occupation of deceased? Zw
20. FILED 7-25-, 19 35 Mass Prower Registrar.	(Signad) Sold Joven M. D. (Address) Adjantown
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage Aug 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	100		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

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18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

of OCCUPA-

1. PLACE OF DEATH County Washington Village or City Sharpahing Md R & 2 (If	Registration Dist. No. 300 No. Sunday St., Ward death occurred in a hountal or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Table the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	22. I HEREBY CERTIFY. That I attended deceased from
(State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. Dec 15. Alan Tan	
13. NAME Anold D Confentin 14. BIRTHPLACE (city or town) Bellivine (State or country) Mich.	Name of operation Date of What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Josphine Butram 16. BIRTHPLACE (city or town) Detroit (State or country) 17. INFORMANT Mrs. H. & Carpentin	23. If deeth was due to external causes (YIOL ENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If so, specify

24. Was disease or injury In any way related to occupation of deceesed?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No. 305 Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_______vrs._____mos. statement PHYSICIAN 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of CERTIA Y. That I attended daceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE if LESS than Years Months to have occurred on the date stated above, at. 1 day.____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or _____min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc... may industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc.... TO. Date daceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation ___ instructions 12. BIRTHPLACE (city of town) (State or country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? _____ Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME 23. Il death was dua to external causés (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?_______ Data of injury________, 19. DEATH 16. BIRTHPLACE (city or town) (State or country) Whera did injury occur?_. be (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE NOIL Nature of Injury. 24. Was diseasa or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2 9 5	STATE OF MARYLAND-	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(16,91)(1
A	county Washington.	Registration Dist. No. 302
	Village or City Y C Q Q Y S Y O W n	No. 301 So Potomae St., 2 Wal
) = 0		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
Every CIANS ement	1 .11.	Now long in 0, 5. If of foleign pirth:
RD. Every YSICIANS statement	Z. POLL MAINE THE CO.	/tmow
	(a) Residence: No. 301 Sp. Patomać (Usual place of abode)	'St., Ward. If nonresident give city or town and State
RECO. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
d. L.	Female White Widow	(Month) (Day) (Year)
NDING RMANEN X A C T I classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY, That I ettended deceased from
ND X A X A	(or) WIFE of Charles_	June 30, 1913 Jio June 30, 19131
	6. DATE OF BIRTH (month, day, and year) 1100 20 - 1863	I last saw h_ls_alive on 2 9 , 1931 , death is sa
FOR IS A I stated proper ertifica	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
FOR B IS A PE stated E properly certificate	8 Trade profession or particular	were as follows:
of of	8. Trade, profession, or particular kind of work done, es SPINNER, Housewithe	Coronary orchisea
K—TI lould may back	9 Industry or business in which work was done, as SILK MILL,	our transfer of the second of
	kind of work done, es SPINNER, Cuseum Sawyer, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et libis occupation (month end this occupation (month end second in this conception).	
祖田中。	this occupation (month end q-1935 spent in this dutys	
AKGIN KI NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city of town) Broad Lording	Other Contributory Causes of importances
ADJ ADJ ed. s, so ruci	(State or country) m.d.	
NF NF oplic erm inst	# 13. NAME John H. Cunnighau.	
MAH H UN suppl in ter	14. BIRTHPLACE (city or town) CRCY 1055	Name of operation Date of
E feed	(State of Country)	What test confirmed diagnosis? Was there en eu'opsy?
W refu	15. MAIDEN NAME Soudell. Gordon 16. BIRTHPLACE (city or town) Mason: Diron	23. If death was due to external causes (VIOLENCE) fill in also the following:
ca TH port	16. BIRTHPLACE (city or town) VI () W. Y O V State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
Id be can DEATH y import	17. INFORMANT S. Fred Cox man	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	(Address) Saltinge Tad.	
She she E O E O is v	18. BURIAL CREMATION, OR REMOVAL	Manner of injury
	Place Carles Town	Nature of injury
WRIT matror CAUS TION	19. UNDERTAKER H-11. CUX fra au	24. Was disease or injury In any way related to occupation of deceased?
BB	(Address) Hayerstown ud	If so, specify (Signed) (Signed) (Signed) (Signed)
3 ot sold	20. FILED Registrar.	(Address) His 4 1 Aleotica 7
Mill; 200 all		2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

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Chronic interstitial nephrotis	921	Run over by street car	1 week ago
Cerebral hemorrhage V. S	Jul 75,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE

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V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

71	13	10	. 1	1
U	6	3	U	I

Length of 2. FULL N (a) Resid	IAME Joshua dence: No. 416 Jo	re death occurred H. Cross onathan (Usual place	yrs mos (Wor	f death occurred in a horpital or institution, give its NAME instead of street and some death of the long in U.S. if of foreign birth?	nosds
	DNAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE Colored.		RIED, WIDOWED, O (write the word) 1 ed •	21. DATE OF DEATH June 15 (Month) (Day)	_, 193_5
5a. If married, wi HUSBAND o (or) WIFE o		tha L. Cr	055.	220 INTEREBY CERTIFY That I attended	10 3 8
6. DATE OF BIRT	FH (month, day, and year)	Oct 2.	1891.	Alast saw h and elive on June 15 19 3	_; death Is sal
	Years Months 8	Days 13	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4 • 10 Pm. • M • The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onse
kind	ofession, or particular of work done, es SPINNER, ZER, BOOKKEEPER, etc.	I	abor.	J-G	- Date of onse
9. Industry	or business in which was done, es SILK MILL, MILL, BANK, etc.			My o cardied worth way	-
Date dec	eased last worked et ccupation (month and		me (years) It in this pation		
12. BIRTHPLACE	(014) 01 (01411)	tmkmster Md.		Other Contributory Causes of Importance:	
I3. NAME	Henry			deta discussion	
I 14. BIRTHPL	ACE (city or town)			Name of operation Date of Was there an	
I5. MAIDEN	NAME Caro	line Gran	ıt.	23. If death was due to external causes (VIOLENCE) fill In also the followin	
0 16. BIRTHPL	ACE (city or town)M	d.		Accident, suicide, or homicide? Date of injury	
17. INFORMANT _ (Address)	Martha Hahe	L. Cross	d.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ite) LACE.
	MATION, OR REMOVAL OSE Hill Cem			Manner of injury	
19. UNDERTAKER	Fred W.	Kraiss.		24. Was disease or injury in eny way related to occupation of deceased?	ho

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
100			

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

1. PLACE	OF DEATH			462	00000
	Washington			Registration Dist. No.	502
Village o	or City Halfway			No. 1921 Virginia Ave	St. Ward
		2)5 (If	death occurred in a hospital or institution, give its NAME instead of st	reet and number)
	77 2 4				
2. FULL I			mer Davis	If U.S. Veteran specify WARXXXX	00:000000000000000000000000000000000000
(a) Resi	dence: No. ame a	s above		St., Ward. If nonresident give city or t	over and State
PERSO	ONAL AND STATIST			MEDICAL CERTIFICATE OF DE	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED,	24 DATE OF DEATH	
male	white	or DIVORCE singl	D (write the word)	June 26,193	, 193
5a. If married, w	idowed, or divorced	PIURI	E	(Month) (Day)	(Year)
(or) WIFE of	of XXXXXXX	YY		22. I HEREBY CERTIFY, That I	attended deceased from
			2 22 \	, to, to	
	in (month, day, and year)	1	ly 31)	I last saw h alive on 4 P M	19; death is said
7. AGE 73	Years Months	Days 26	If LESS than	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importe	000
			ormin.	were as follows:	Date of onset
kind	of work done, as SPINNER, ROOKKEEPER atc.	etired !	Farmer	8' 0 1	
Z Jon SATT	TEN, DOONNELL EN, GIG.			Trungy Career of	
SAW	or business in which was done, as SILK MILL, MILL, BANK, etc		**************	Links -	
UIIS (ceased last worked at occupation (month and	spa	ime (years) nt in this upetion 1 1 f	Daw petrus first	750.24
12. BIRTHPLACE	(city or town) Mary			Other Contributory Causes of importance	
(State or	Samuel Dav	ig			
13. NAME					
4 14. BIRTHPL	ACE (city or town) Smit	hburg	V a	Name of operation	Date of
	Wad 17 1.		-	What test confirmed diagnosis? Was t	
15. MAIDEN 16. BIRTHPL		Dettill	Rei	23. If death was due to external causes (VIOLENCE) fill in also the	
O 16. BIRTHPL	ACE (city or town) Pine	esburg	Md	Accident, suicide, or homicide? Date of injury	y, 19
, (518)	Sarah Davis			Where did injury occur?(Specify city or town, county	
17. INFORMANT	77 7 6	Md		Specify whether injury occurred In INDUSTRY, In HOME, or in PU	BLIC PLACE.
	MATION OF REMOVAL	Ma		Manner of injury	
Plec S_1	. Pauls Cemet	- Baler Ta	ma209-35	Nature of injury	
	Albert Leaf				
19. UNDERTAKEI (Address	R		d	24. Was disease or injury in any way related to occupation of dece	azan:
(-)	128/ 25h	Isilly	3-10000	(Signed) Leuw W, W	rea MD
20. FILED	0 0 ,1900	my/s	Registrar.	(Address) Ho gerstours))	ad Y
	16	blanks are meeded		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EN LY FAIL STATE			0 10
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. Mo.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06993

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Example 1		Example 11	
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE O	F MARYL	AND-C	CERTIFIC	CATE	OF	DEATH
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06994

1. PLACE OF DEATH	
County Washington	Registration Dist. No.
Village or Williamsport Md	No. 4- S. Loguo cochlaggust, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U. S. if of foreign birth?mosds.
2. FULL NAME Margeret Ann Ensminger	
(a) Residence: No. Same as Usal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female 4. COLOR OR RACE white S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June, 27,1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I attended deceased from
none	Vaccad Ag 19 , to , 19
6. DATE OF BIRTH (month, day, end year Not Known	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
About 61 years I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade protection or particular	Date of onset
kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc.	Coronary embolism
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etcat. home	mitral insufficiency 1932
10. Date deceased last worked at June 2 7 11. Total time (years) if e this occupation (month and June 2 occupation occupation)	
12. BIRTHPLACE (city or town) Williamsport Md	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) W 1111 13m 8 DO16 MG (State or country)	
13. NAME Henry Ensminger	
14. BIRTHPLACE (city or town) (State or country) Williamsport Md	Name of operation Dale of
15. MAIDEN NAME Jane Zimmerly	Whet test confirmed diagnosis? Wes there en eutopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Cumberland Md (State or country)	Accident, suicide, or homicide?
Mrs Mary Pryor	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Williamsport Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRE MATION, OR REMOVA L	Manner of injury
PlaWilliamsport Md Date June 30, 19 35	Nature of injury
19 HNDERTAKER Albert Leaf	24. Was disease or interryin any way related to accupation of deceased?
19. UNDERTAKER AIDERT Dear Md	If so, specify
1 10 1	1 in Then I a uses
20. FILED June 19 19 35 10. Co. Che Lie Krasa	(Signed) M. D.

V. S. No. 1

N. B.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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			igt,

Every item of infor-

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	178	0		pa.	
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13	0	5	1	0	

1. PLACE OF DEATH			93-2
County Washington Village or City Hagerst. Length of residence in city or town whe	OWN.		Registration Dist. No. No. 148 High Street St., S Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs. mos ds.
2. FULL NAME Lau	ra V. Ey	rler	
	High Str (Usual pla		St., S Ward. If nonresident give city or town and State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, M	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH June 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin	H. Eyler	7	22. HEREBY CERTIFY, Thet I attended deceased from 1934, to 6/3 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 59 10	July 26, Days	1875 If LESS than 1 day,hrs. ormin.	I last saw h 27 alive on 6/2, 1934; death is said to have occurred on the date stated above, at 3:00 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Home Wor		Bardia Delatating (Acust) Date of officer Bardia Delatating (Acust) 6/2/35
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) Wash (State or country) E 13. NAME William Pot	Md.	County	
13. NAME WITTIAM POTTS 14. BIRTHPLACE (city or town) Washington County (State or country) Nd.			Neme of operation Date of What test confirmed diegnosis?
15. MAIDEN NAME Leah Bowers			23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Washington County (State or country) Md. 17. INFORMANT Martin H. Eyler			Accident, suicide, or homicide?
(Address) Hagerstow 18. BURIAL, CREMATION, OR REMOVAL PlaceHagerstown, M		ne 5 _{,19} 35	Manner of Injury
19. UNDERTAKER Fred W. Kr (Address) Hagerstown 20. FILED 3 1935		Boever	24. Was disease or injury in any-way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Other contributory causes of importance:	
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	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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Dr. norment

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU V.			
Other contributory causes of importance:	==2,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds, PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR D. VORCED (write-the-word) married (Month) assified. BINDING 5a. If married, widowed, or divorced HUSBAND of CERTIEN. That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Years Months If LESS than Days or min. 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.... NOI RESERVED OCCUPAT may back pluods 9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, atc 10. Data deceased last worked at 11. Total time (yaars) this occupation (month and that spent in this occupation ... Other Contributary Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation plain (State or country carefully What test confirmed diagnosis? MOTHER important in 23. If death was due to external causes (VIOL ENCE) fill in also tha following: Accident, suicide, or homicide? DEATH (State or country) Whare did injury occur? (Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury mation MOLL Natura of injury. 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER V. S. No. 1 If so, specify (Signad). Registrar.

Date of onsat

... Was there an autopsy?_____

If more blanks are needed, addiens State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 305 (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. If of foreign birth? vrs. W Length of residence in city or town where death PHYSICIAN (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end year). properly 7. AGE Months Days 26 1 day. The PRINCIPAL CAUSE OF DEATH and related causes of importance or mis. 8. Trade, profession, or particular CUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED may back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ carefully MOTHER 23, if death was due to external causes (VIOLENCE) fill in also the following: important Accident, suicide, or homicide?______ Date of injury______, 19. DEATH (Stete or country) Where did injury occur? ___. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnoys OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injur CAUSE mation Nature of injury LION 19. UNDERTAKER (Address) If so, specify

(Day)

I attended deceesed

Date of onset

7.		(Address	3)	13	000	ol	020.
							THE RESERVE AND ADDRESS OF THE PARTY OF THE
	37 01		** * *	**	W1 0 37	- /	

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A BUREAU VOS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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V. S. No. 1

I RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA.	
RMANEN	XACTL	classified.	
S IS A PE	stated E	properly	certificate
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
N. B.—WRITE	mation sh	CAUSE	TION is

		F MAR	YLAND-	CERTIFICATE OF DEATH	6910		
1. PLACE OF DEA				70-20	17		
CountyWas	hington			Registration Dist. No.			
Village or CityH	agerstow	n		No. Washington County Hospistal Ward			
				death occurred in a hospital or institution, give its NAME instead of street and			
Length of residence in ci	ty or town where de	ath occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrs	mosas.		
2. FULL NAME	Frank C	rove		Ol 1			
(a) Residence: No	Washingt	on Cou	nty Home	St., o Ward. Sharpshung?			
				If nonresident give city or town as	nd State		
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH			
	e or race		RIED, WIDOWED, D (write the word)	June 24, (Month) (Day)	., 193.5 (Yeer)		
5a. If married, widowed, or divorced HUSBAND of				22 A LUEDEDY CEDILEY THAT I AMERICA	d decreed from		
(or) WIFE of			and the same	22. HEREBY CERTIFY, That I attende			
	un	kissin	1875	I last saw h alive on 24, 19.3.			
6. DATE OF BIRTH (month, da 7. AGE Years	y, and year) Months	Days	If LESS than	to heve occurred on the date stated above, and 10P m.	P , ueath is said		
60	months		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
	1		ormin.	were as follows:	Date of onset		
Trade, profession, or p kind of work done, SAWYER, BOOKKEE	es SPINNER,	aborer		7/ 1			
9. Industry or business in	which	SCHAT CT		News tagic Vicerpura	Have 13		
work was done, as SAW MILL, BANK,	SILK MILL.						
kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as: SAW MILL, BANK, 10. Date deceased last wo this occupation (mo year)	rked at nth and	spe	ime (years) nt in this upation				
12. BIRTHPLACE (city or town)	Sharneh	117° CF		Other Coutributory Causes of Importance:			
(State or country)	Md.						
13. NAME Unk	nown						
I							
14. BIRTHPLACE (city or to	own)Unkn	rown		Name of operation Date of.			
	Marv Gr	ove		What test confirmed diagnosis? Was there a			
T		7.3.3		23. If death was due to external causes (VIDLENCE) fill in also the following			
16. BIRTHPLACE (city or to	own) Sharp Md	spurg		Accident, suicide, or homicide? Date of Injury	, 19		
- (State of County)		•		Where did injury occur?(Specify city or town, county and S	tale)		
17. INFORMANT Fred (Address) Hag	Long erstown,	Md.		Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC I	PLACE.		
18. BURIAL, CREMATION, DR REMOVAL				Manner of injury			
Place Hagers	town, Md	•Date Jun	$e_{25,19}35$	Nature of Injury			
101 0110 011111111111111111111111111111	d W. Kra			24. Was disease or injury in any way related to occupation of deceased?			
6-25-	350	host	7/300 W	(Signed) Mix Campber	M. D.		
20. FILED.	19.		Registrar,	(Address)	mo		
	If more b	lanks are needed.		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	The		

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Gallstones	May 1,1923	Gastroenteritis	1 year

LION

BINDING

RESERVED

ARGIN

OCCUPA.

UPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Bate deceased last worked at 11. Total time (years) this occupation (month end occupation 12. BIRTHPLACE (city or town) Sharpsburg (State or country) FATHER Daniel Grove 13. NAME 14. BIRTHPLACE (city or town) Sharpsburg Md Name of operation. What test confirmed diagnosis? Was there an autopsy? ____ Margeret Shafer HER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide? 16. BIRTHPLACE (city or town)
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Example I		Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
- Charles Control	May1,1925	Gastroenteruis	1 year

ADDITIONAL SI	PACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-c) U6912.
County Washing Low	Registration Dist. No.
Village or City De a gerstown	Nollash. Ca Hoghetal St., 3 Ward
	death occurred in a hospitel or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds,
2. FULL NAME Willard House	-1
(a) Residence: No. 621 Leores	St. Ward.
(Usual place of abode)	lf nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
6 DATE OF RIPTH (month day and wast) Access 34 /909	1 1 2 9 19 30 10 0 4 4 4 19 30 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, and year) Succe 3 79 7 7. AGE Years Months Days If LESS than	I last saw h_SLC_ alive on \Q\ \Q\ \S_\ \Y\ 19\ \Q\ ; death is seid to have occurred on the date stated above, at \(I \left \D \cdot \mathrea{m} \).
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Thy esided fronte May
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	10toney -
10 10 Date deceased last worked at 11. Total time (years)	8
this occupation (month and pear) spent in this occupation	
12. BIRTHPLACE (city or town) bushesland	Other Contributory Causes of importance:
(State or country)	
13. NAME Leo. W. Hauck	
14. BIRTHPLACE (city or town) Course ker and	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Bastown Segelow	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Bastara Begelow 16. BIRTHPLACE (city or town) Celleg henry &	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Wird Suparied (Address) 621 George 21	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place toesen bestand Date 19 31	Nature of injury
19. UNDERTAKER Country Sous (Addiess) And external with	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6-5-, 1935 Mas H Boevers	(Signed) (Address) (Address) (Address) (Address)
	2411 N. Charles Street, Ballimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	in the state of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 96913
1. PLACE OF DEATH	
County leashington	Registration Dist. No.
Village or City	No. St., Ward
1/4	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?msds.
2. FULL NAME SEAL HOLDER	Helde
(a) Residence: No. Aunte storm M	d-St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writs the word)	21. DATE OF DEATH
11 ale Colute Married	(Month) (Day) (Yeer)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attanded deceased from
(OT) WIFE OF Mrs. cloude Hebb.	May 27, 1935 to June 15, 1935
6. DATE OF BIRTH (month, day, and year) July - 29-1865	I last saw has alive on
7. AGE Yaars Months Days If LESS than I dayhrs.	to have occurred on the date stated above, at 4
(69 10 16 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, es SPINNER, Returned Carbenter SAWYER, BOOKKEPER, etc.	Jangrene right fort June 6,1
Andustry or business in which	
work was done, as SILK MILL,	
SAW MILL, BANK, atc	
this occupation (month and year) spent in this occupation 30 year.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Sharbsburg	General arterio-sclerosis.
(State or country) Trash. C. Md.	Grebal asterie ocleraci.
14. BIRTHPLACE (city or town) Sharksburg	
14. BIRTHPLACE (city or town) Sugrabburg	Name of oparation Date of
(State of country) Co. U /Md.	Whet test confirmed diagnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town) J. Sprangebrung	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide?
The state of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR ASMOVAL	Manner of Injury
Place Junkston Mdoate June - 18: 1935	Nature of injury
19. UNDERTAKET DUY D. Past & Sory	24. Was disease or injury in any way related to occupation of dacaased? 200
(Address)	If so, specify
20 FILED 6-17- 19 35 Chastrooner	(Signad) A Stauffe M. D
Registrar.	(Address) at agerstown, Ind
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU T.	3,,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

		OF MAR	RYLAND—	CERTIFICATE OF DEATH 069!	
1. PLACE (
	Washington	Primaria e a		Registration Dist. No.	2
Village or	City Hagers	town		No. 139 S. Mullberry st., 3 f death occurred in a horpital or institution, give its NAME instead of street and numb	Ward
Length of re	sidence in city or town wher	e death occurred_5	5 yrs mos	s. How long in U.S. if of foreign birth? yrs. mos.	er)
2. FULL NA		M. Hill.			
	ence: No. 139 S			St. 3 Ward.	
(a) Neside			ce of abode)	If nonresident give city or town and State	e
PERSO	NAL AND STATIS	TICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE White	5. SINGLE, MA	ARRIED, WIDOWED,	21. DATE OF DEATH June 3 , 193 (Month) (Day)	
5a. If married, wido HUSBAND of	wed, or divorced				(Year)
(or) WIFE of	Mar	y Hill.		22. PI HEREBY CERTIFY That I attended decer	ased from
A DATE OF BIRTH		Nov 27	1897.		2_مي_19
	(month, day, and year)	Days	If LESS than	I last saw h alive on 1935 ; dec	ath is said
31		7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
Z 8 Trade, prof	ession, or particular		***************************************	Dai	ts of onset
SAWYE	work done, as SPINNER, R, BOOKKEEPER, etc	Silk v	veaver.	Chronic resolutes	
9 Industry or work w	business in which as done, as SILK MILL,			la perfusion	
O Date decea	ILL, BANK, etcsed last worked at	11. Total	I time (years)		
- 1	upation (month and	35	pent in this		
12. BIRTHPLACE (d	Wash:	ington (County.	Other Contributory Causes of importance:	
(State or con	, 0	Md.		My scarling woulfreing	
13. NAME	Davie	d Hill.		7	
13. NAME 14. BIRTHPLAC	E (city or town) Wa	shingtor	County.	Name of operation Date of	
(State o		Md.		What test confirmed diagnosis? Was there an autops	sy?
15. MAIDEN N.		Miller.		23. If death was due to external causes (VIOLENCE) fill In also the following:	
	- ()	hington	County.	Accident, suicide, or homicide? Date of injury,	19
(State of the control of the cont	or country)	Md.		Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT (Address)	Ha	Hill.	1.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	tion, or removal t Heven Cem	et Date Jur	ne 6 _{,19} 35	Manner of injury	
19. UNDERTAKER	Fr	ed W. Kr	aiss.	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	Hag	erstow.		If so, specify	
20. FILED 6	6- 1935-6	hast	1 Bocaler	(Signed)	M. D.
	, 10-1-1-5		Registrar.	(Address) Harveton, 7	w

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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O

ATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. N Village or City occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in How long in U.S. if of foreign birth? (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR AR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. R DIVORCED (write the ford) (Month) 5a. If married, widowed or divor HUSBAND of 22. HEREBY CERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end ye 7. AGE Devs If LESS than to have occurred on the date stated above, at ... 1 day. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or _____min. Date of onset 8. Trede, profession, or particula-ATION kind of work done, as SPINAL SAWYER, BOOKKEEPER. Andustry or business in which work was done, es SILK M SAW MILL, BANK, etc ... 11. Total time (years) spent in this occupation _. Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country FATHER 14. BIRTHPLACE (city or town) Name of operation. (State or couptry) What test confirmed diagnosis? MOTHER 23. If death was due to external causes (VIOL ENCE fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city er Date of injury______, 19... (State of country Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION Manner of Injui Neture of injury 4. Wes disease or injury in any wey related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed) (Address) If more clanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year
			de la

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH

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11	I'm	9		1
1	1)	U	A	- 6

STATE OF MARYLAND	CERTIFICATE OF DEATH 06917
EATH	210:20
ashinaton	Registration Dist. No. 302
Hagerstown	No. XVash CoHos Processor St., Sward death occurred in a hospital or institution, give its NAME instead of street and number)
in city or town where death occurredyrsmos.	
W. Lawrence Hug	nes.
o. Bexgers Ava.	st, 3 Ward.
(Ushal place of abode) AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Vh. Ye OR DIVORCED (write the word)	June 9. 1935
divorced	(Month) (Day) (Year)
ictoria.	22. I HEREBY CERTIFY, That I attended deceased from
, day, and year) Aug 3-1912	, [9, to, [9, [9, 19, 19, death is said
Months Days If LESS than	to have occurred on the date stated abova, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:
or particular ona, as SPINNER, Mchauic	Marie Lipe and A
ss In which	Warmen out were well
as SILK MILL, Tayac ce	Windshield cut jugular sein Cuto.
worked at (month end 9-1435 spant in this 4485	0 8
own Luray	Other Contributory Causes of importance:
va.	
L. Hughes-	
or town) Luxay	Name of operation Data of
(y) Var	What test confirmed diagnosis? Was there an au'opsy?
SIREY III. W. Chard 3-	23. If death was due to externel causes (VIOL ENCE) fill in elso tha following:
or town) Luxal	Accidant, suicide, or homicide? Occident. Date of injury , 19 Where did injury occur? Hayerstones transhington County mode
s Esther Hughes-	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
agerstown! hed.	in public place: Patorace avenue, appointe High School
DR REMOVAL Date July 11935	Manner of injury automobile accidents
(O	Nature of injury servering of Juguston vein
Hage stown wo	24. Was disease or injury in any way related to occupation of decaased?
1935 Craff Bowers	(Signed) Phry Draw

(Addyess) (AMA COSOSIA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. S	F		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

TION is very important. See instructions on back of

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	DEATH			(J3	a)	1 6	30 1
County	lashington	Land St. Co. 100 C			Registra	ation Dist. No.	02
20 7 5 m	Hagersto		(lí	No. 609 W.	Franklin	St.,_	Ward number)
Length of residence	e In city or town where o	leeth occurred 5	Oyrsmos	ds How long in	U.S. if of foreign birt	h?yrs	mosds.
2. FULL NAME	Clyde	N. Jack	son				
	No. 609 W.		n Street	St., 5 Ward		sident give city or town a	nd State
PERSONAL	AND STATIST	CAL PARTI	CULARS	MEDIC	CAL CERTIFIC	ATE OF DEATH	
3. SEX A. Male	COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Wido	RIED, WIDOWED, D (write the word) Ned	21. DATE OF DE	June (Month)	22, (Day)	, 193 5 (Year)
5a. If married, widowed, of HUSBAND of (or) WIFE of		kson		22. 1 HEF		TIFY, That I attend	
6. DATE OF BIRTH (mon	oth day and year)	ctober	26, 1869	I last saw h	ve on	2022-193	A SECOND
7. AGE Years	Months	Oays	If LESS than	to have occurred on the	The second second		,
65	7	26	1 dey,hrs.	The PRINCIPAL CAUSE were as follows			Date of onset
9. Industry or busi work wes do SAW MILL, B	ne, as SILK MILL, ANK, etc	Enginee:		Other Contributory Onus	es of Importance:	0 -	10.20
(State or country)	Md.			and	nose	Carrigatio.	17.24
13. NAME Frar	nk Jackson						
(State or cou		•		Name of operation Whet test confirmed diag		Date of Was there a	4
15. MAIOEN NAME	Mary Witm	er		23. If death was due to ex	cternal causes (VIOLEN	(CE) fill In also the follow	Ing:
15. MAIOEN NAME 16. BIRTHPLACE (cit (State or cou	y or town)			Accident, suicide, or hon Where did Injury occur?		Oate of injury	
	gerstown.			Specify whether injury o	(Specify occurred in INDUSTRY,	city or town, county and S , In HOME, or in PUBLIC	ilete) PLACE.
18. BURIAL, CREMATION Plece Hager	or REMOVAL stown. Md	• DateJune	25 ,1935.	Manner of Injury			
19. UNDERTAKER E	red W. Kra Hagerstow		9	24. Wes disease or Injury If so, specify	r in any wey related to	occupation of deceased?	100
20. FILED 6/24/	193567	rospie	Registrar.	(Signed)(Address)	7/2	grants	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis 1921 Run over by street car 1 week ago Chronic interstitial nephritis Peritonitis 3 days ago Cerebral hemorrhage July 5.1927 Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

OCCUPA.

plnods

1. PLACE O

County____ Village or C

Length of res

(a) Residen

PERSON

2. FULL NA

5a. If married, widov HUSBAND of (or) WIFE of

6. DATE OF BIRTH

8. Treda, profe

Industry or

kind of

work wa SAW MI 10. Date deceas

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(Address)

(Address)

(State or country)

(State or country)

3. SEX Male

7. AGE

OCCUPATION

FATHER

MOTHER

LION

V. S. No. 1

STATE	OF MARY	/LAND-	CERTIFICATE OF DEATH 06919
			Registration Dist. Np. 30 2 No.13 N. Locust Street St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
ME Harve ce: No. 13 N.		treet	St., 3 Ward. If nonresident give city or town and State
IAL AND STATIS	STICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
White	5. SINGLE, MARE OR DIVORCED Widowe	(write tha word)	21. DATE OF DEATH June 29, 193 5. (Month) (Day) (Year)
Louella	E. Jones		22. I HEREBY CERTIFY. That I attended deceased from Nov 15 1934 to June 29 1935
(month, day, and year)	May 22, 1	874	I last saw has alive on 29, 19.35; death is said
Months 1	Deys 7	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 6 • 00 Am. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
ssion, or particular work dona, as SPINNER, , BODKKEEPER, etc business in which s done, as SILK MILL, LL BANK, etc.	Barber		Angua Jeclosis 11/15/24
ed last worked at	11. Total ti	me (years)	

spent in this this occupation (month and occupation 13. NAME William Jones 14. BIRTHPLACE (city or town) Washington County Whet test confirmed diagnosis? 23. If daeth was due to external causes (VIDL ENCE) fill in also the following Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) ... Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT Mrs. J. V. Faith Hagerstown. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Place Hagerstown, Md. Date July 1, 1935 Nature of injury. 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Fred W. Kraiss gerstown A. M. If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 105	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFALL V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

m

19. UNDERTAKER

(Address)

of OCCUPA.

	STATE COOF DEATH Washington		YLAND-	CERTIFICATE OF DEATH Registration Dist. No. 3C	920
Village or Length of r	City Hagersto	death occurred	yrsmos	No.1078 Virginia Ave, St, death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	Ward number)
	AME David Wil ence: No. 1078 Vi		Avenue	St., Z Ward. If nonresident give city or town an	id State
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word) Led	21. DATE OF DEATH June 28, (Month) (Dey)	., 193 5 . (Year)
5a. If merried, wid HUSBAND of (or) WIFE of	Mae Kolck			22. Och HEREBY CERTIFY, That I ettenda, 1933, to June 25,	deceased from
6. DATE OF BIRT	H (month, day, and year) ME	ly 18,]	1875	I last saw h Luw alive on June 28, 1935	; death is said
7. AGE 60	fears Months	Days 10	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Lelloys:	Date of onset
SAWY	ofession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc	R. R. I	Enigneer	Opposite Myocardela	001.5.19 001.5.19
9. Industry of work of	r business in which was done, as SILK MILL, MILL, BANK, etc			Cheprese Int. Replants	Feb. 193
O this oc	ased last worked at cupation (month and	spi	time (years) ent in this cupation		
12. BIRTHPLACE (Other Coatributory Causes of importance:	
13. NAME	Jacob Klock				
	CE (city or town) Unkr			Name of operation Date of Whet test confirmed diagnosis? Player Report Was there an	none.
王	NAME Margaret Unkr			23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	ng:
(Stete	or country) Pa.			Where did injury occur? (Specify city or town, county and St.	
(Address)	Mrs. Mae Klo Hagerstown,			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
19 DIIDIAL CDEM	ATION OF PEMOVAL			1	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

24. Was disease or injury in any way related to occupation of deceased?

July 1, 1935,

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA 1. PLACE OF DEATH should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) (Month) BINDING 5a. If merried, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Months If LESS then 1 day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importence or min. 8. Trade, profession, or particular TION RESERVED kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which PA work wes done, es SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased lest worked et 11. Totel time (years) this occupetion (month and spent in this occupation _____ instructions ARGIN 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) in plain (Stete or country) carefully What test confirmed diagnosis? MOTHER 15. MAIOEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Oete of injury______ 19. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether-injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury TION 24. Was disease or injury_In eny way related to occupetion of deceesed? 19. UNOERTAKER If so, specify Registrar.

(Oey)

Y. That I ettended deceased from

Oate of onset

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:	12.3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

V. S. No.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. PHYSICIANS should state

STATE O	F MARYI	LAND-CER	TIFICATE	OF I	DEATH
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()	13	6		d	
1.7	3-	1.2			1
()	1	01	200	P	j

1. PLAC	E OF DEA	TH			92:0)	
Count	y Was	hington	SPROBATE L	LMITS OF	Registration Dist. No. 30	32
	e or City	Hage	rstown		No. 384 S. Cannon Ave. St., and feath occurred in a horpital or institution, give its NAME instead of street and street a	Ward
2. FULL	NAME	George	Lashle	у.		
(a) R	esidence: No	384 S.	Cannon (Usual place		St., 3 Ward. If nonresident give city or town and	d State
PER	SONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Ma.1		r or race hite		RRIED, WIDOWED, ED (write the word) EQ •	21. DATE OF DEATH June 29 (Month) (Day)	, 1935 (Year)
5a. If married HUSBAN (or) WIF			ie F.		22. I HEREBY CERTIFY That I attended	
6. DATE OF E	BIRTH (month, day	v and vear)	7-9	9-1879	lest saw h in alive on here 29 19 3J	: death is sald
7. AGE	Years 55	Months 11	Deys 20	If LESS than 1 day,hrs. ormin,	to have occurred on the date steted above, at 6 the Pom. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
OLD Ki		as SPINNER, PER, etc	Car	penter	Chris Endo Cadi Li	Date of onset
5	try or business In ork wes done, es S AW MILL, BANK, (SILK MILL,				-
U 10. Date th	deceased last wor nis occupation (mo ear)	ked at	sps	time (years) ent in this upation		
	ACE (city or town) or country)	Washi Mary	ngton C	ounty.	Other Contributory Canses of Importance: acute alcohologue Company	2-3
13. NAME			ashley.		W - 5/5	
	HPLACE (city or to State or country)	wn)Mar	yland.		Neme of operation Dete of	
표 15. MAID	EN NAME	Margare		ing.	23. If death wes due to external causes (VIOL ENCE) fill in also the following	
0 16. BIRTH	IPLACE (city or to State or country)	wn)	aryland	•	Accident, suicide, or homicide? Date of Injury	•
17. INFORMAN	1,	Lillie Hagerst		у•	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
	REMATION, OR R	EMOVAL		y 2 ₁₉ 35	Manner of Injury	
19. UNDERTAI		Fred W. Hagerst		Md.	24. Wes disease or injury in any way related to occupation of deceesed?	
20. FILED	7-2-	356	nestr	Registrar.	(Signed) - Vis Duille	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state item of inforof OCCUPA. PHYSICIANS RD. Every Exact statement WITH UNFADING INK-THIS IS A PERMANENT RESIGNLY supplied. AGE should be stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. be MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. LY, N. B.-WRITE PL

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH	111
1. PLACE OF DEATH	89.0	-5 1
County Chaching too	Registration Dist. No. 303	
		Ward
(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and number	
al 1 ma all 01	ds. How long in U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME Charles 11) Clellan	C Lemmo	
(a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The Color of RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Y)	Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended decease	ad from
(or) WIFE of Mary Lernon	May 4" 12 to Sauce 7"	33
6. DATE OF BIRTH (month, day, and year) The former - 20 - 1865	6. // 25	h is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 230 a.m.	
70 3 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were adollows:	
	Leveleral Thurstoge 57	3/35
8. Trade, pufession, or particular kind of work dona, as SPINNER, Ruture Darmes		7
industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	, v	
11. Total time (years) spent in this occupation (month and year) - 1930. 11. Total time (years) spent in this occupation - 1930.		
12. BIRTHPLACE (city or town) My usville	Other Contributory Conses of importance:	4/20
(State or country) Ired, Ca Md,	a later and a late	T. J. 20
13. NAME Lolan Manager		14-38
14. BIRTHPLACE City or town). May leaved le	Name of operation Date of	
(State or country) Jud. C. Md.	What test confirmed diagnosis? Was there an au'opsy	7
15. MAIDEN NAME NO Record	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
D 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	9
(State or country)	Where did injury occur?	
17. INFORMANT Mrs. Mary Lemon (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Doninestors Ceruting. Oate June 101, 19155	Nature of injury	
19. UNDERTAKER OTU, TO BOND Y Sou	24. Was disease or injury in eny way related to occupation of deceased? No	
20. FILED June -10, 1935 William & Back Registrar	(Signed) Adulerst Parte Man. Mr.	M.D.
To make black and all all according	31 Ct C D C	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1000	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
288 B RET			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

of OCCUPA.

STATE OF M	ARYLAND-	CERTIFICATE OF DEATH	()
1. PLACE OF DEATH		(59)	
County Washington		Registration Dist, No.	V
Village or City Hagerstownn	Md	No. 433 No. Potomac St., 5 death occurred in a horpital or institution, give its NAME instead of street and number	_Ward
Length of residence in city or town where death occur		ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Anna Bell L		If U.S. Veteran specify WAR.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
(a) Nesidelice. Ito.	al place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
OR DA	E, MARRIED, WIDOWED, YORCED (write the word) idowed	21. DATE OF DEATH June 27,1935 (Month) (Day) (Y	(ear)
5a. If married, widowed, or divorced			
(or) WIFE of Frank Linebau	gh	22. I HEREBY CERTIFY, That I attended decease	ed from
April 7.		Janua 1 , 19 35 , to Janua 27 , 19	لحرا
6. DATE OF BIRTH (month, day, and year) 1872		I last saw h alive on from 26 , 1935; deet	n is said
	ays If LESS than I day,hrs.	to have occurred on the date stated above, at A.M.m.	
63 2 2	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	otonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSE	work	Dialites millitus.	<i>I</i>
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.			
	Total time (years) life spent in this occupation		
12. BIRTHPLACE (city or town) Williamspo: (State or country)	rt Md	Other Contributory Causes of Importance:	
a 13. NAME Frederick Moudy			
		News of assertion 0 Date of	
(State or country) Downsvill	e Md	Name of operation Dete of	
15. MAIDEN NAME Elmira Rachel		What test confirmed diagnosis? Was there an eulopsy 23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country) Benevola	Md	Accident, suicide, or homicide?	9
17. INFORMANT John Moudy (Address) Hagerstown	Мф	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Prodliamsport Md Date	June 291935	Nature of Injury	
Albert Leaf		24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER WILLIamsport	, Md	If so, specify	
20. FILED 6 28 , 1935 6 MAS	Howas	(Signed) Je Yor Dheille A DR. VICTOR D. MILLER,	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			IMES THE

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting P. J. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributeur course of insurate			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3) 31./
County Coss	Registration Dist. NC
Village or City 74 aneoch	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) isds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME	asland.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX delevit4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY/CERTIFY, That I attended deceased from
(or) WIFE of	A A A 19 to 19
6. DATE OF BIRTH (month, day, and year) 6/96/35	I last saw h
7. AGE / Years Months Days II LESS than	to have occurred on the date stated above, at
Still-Vorn Iday, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, CAMYED PROFESSED 115	esomon at 4 mo.
F SAWTER, BOUNKEEPER, GG.	- Q
A hdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	peause unknown.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Janes CR Ma	Olici Collinatory Callet of Importance
(State or country)	A
14. BIRTHPLACE (city or town) we have been la.	<u> </u>
14. BIRTHPLACE (city or town)	Name af operation
Colored Colored Colored	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME OF LOWN)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Read & mg Zandan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17, INFORMAN (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Haucocle M. Date 0/26 13	Nature of injury
19. UNDERTAKER I TRUCKEN O	24. Was disease or injury in any way related to occupation of deceased?
(Address) Lacerty Text	If so, specify
20, FILED 6/26 105 VA Seutins	(Signed) July Durania M. D.
Registrar.	(Address) To Coch To Coch

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3			
Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gostroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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A. S. Mo. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06939
1. PLACE OF DEATH	(13)
Village or City Wagdatown	Registration Dist. No. 302 No. 824 W Washingtonst, Ward
Length of residence in city or town where death occurred # 3 yrs	f death occurred in a horpital or institution, give its NAME intend of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME annie Mas Mc 4	wen
(a) Residence: No. 8 24 W. Washingto	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCHD (write the word) 5. If married, widowed, or divorged	21. DATE OF DEATH (Month) (Oay) (Year)
HUSBANO OF John B. Ht & Gowen	22. I HEREBY GERTIFY That I attended deceased from Me 13, 1995, to Me 79, 1995
6. DATE OF BIRTH (month, day, and year) Dec 28 - 1873	I last saw h & alive on the 1930; death is said
7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, at 1/1/5 7m. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance
8. Trade, profession, or perticular	were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u> </u>
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as STILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	Chime Myocarditis .
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Clearbrack (State or country)	Other Contributory Causes of importence:
13. NAME Unknown	
13. NAME Light 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT In John & Mc Gamen (Address) Hagustonn	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lagestown Mod, Oate July 1, 19.35	Manner of injury
19. UNOERTAKER Scott 7 Minnich USM (Address) Raguestown Ind	24. Was disease or injury in any way related to occupation of deceesed?
20. FILEO /-/- 1935 Brust Bower Registrar.	(Signed) M. O. (Address) GAMATANN M. O.
If more blanks are needed, address State Registrar.	2411 N. Charlet Street Baltimore Pequetter 91 S No -

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I VED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
127 007 0000007 0000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. Mo. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1) 300
county Nashington	Registration Dist. No. 307
Village or City Trees had	Np. St., Ward
Length of residence In city or town where deeth occurred 41 yrs 6 mos	death occurred in a hospital or institution, give its NAME instead of street and number) 12. ds. How long in U.S. if of foreign birth?
2. FULL NAME Barbara Omnice M	10 to
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Willow	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Widowid of Frank harts	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Wedsw of Thank Matz	June 18 ,1935, 10 June 19 ,19 35
6. DATE OF BIRTH (month, day, end year) Oct 16 = 1871	Clast saw her elive on grown 18 , 1935; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
64 8 2 or mis.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Industry or husiness in which	Chimie Myocardilis
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month end spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) rug 0 md	
(State or country)	
13. NAME Town Mc Cillistan 14. BIRTHPACE (city or town) Linkenown (State or country)	
14. BIRTHPLACE (city or town) William	Name of operation
(State of Country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Tavera Source Wolf	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) MAN (MOUNT) (State or country)	Accident, suicide, or homicide?
1 Per 1 H	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT / 17 CANADA A CONTROL (Address)	Specify whether injury occurred in thousand, in nome, of in Positio Place.
18. BURIAL, CREMATION, DR REMOYAL	Manner of injury
Place Just Grove Oate 6 = 22 , 1935	
19, UNDERTAKER Q & Survious + Co	24. Was disease or injury in ony way releted to occupation of deceased? Zw
(Address) Tracky willy Trist	If so, specify
20, FILED June 22 1935/ Tatheire Dagutart	(Signed) J-W. LeVan M. D.
Registrar.	(Address) (260nsbows.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTICICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of infor-OCCUPA. 1. PLACE OF DEATH plnods item Village or City 16295 Molow of PHYSICIANS Length of residence in city or town where death occurred statement 2. FULL NAME RECORD. (a) Residence: No (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT CIL classified. FOR BINDING 5e. If married, wildowed, or divorced (or) WIFE of 田 certificate. 6. DATE OF BIRTH (month, dey, end year) properly 7. AGE Yeers Months Devs If LESS then stated 1 day,hrs or ____ min. 8. Trede, profession, or particular OCCUPATION ARGIN RESERVED kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. jo it may back Selndustry or business in which should work wes done, es SILK MILL, SAW MILL, BANK, etc.... on 10. Dete deceased last worked at 11. Totel time (years) this occupetion (month end spent in this that occupation ... See instructions 12. BIRTHPLACE (city or town supplied. (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) CAUSE OF DEATH in plain (State or country) carefully MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) pe WRITE-PLA plnods very 17. INFORMANT. 18. BURIAL, CREMATION, OR REMOVAL TION is mation 19. UNDERTAKER (Address) m

06931	
	t
	r

	3 1 -
	Registration Dist. No. 302
	75 (1
lf	death occurred in a horpital or institution, give its NAME instead of street and number)
)\$.	ds. How long in U.S. if of foreign birth?yrsmosds.
1	, dolokant
-	
	St., Z Ward.
	If nonresident give city or town and State
_	MEDICAL CERTIFICATE OF DEATH
-	21. DATE OF DEATH
	(Month) (Day) (Yeer)
	(month) (buy) (rect)
-	22. / I HEREBY CERTIFY, Thet I attended deceased from
	6/7 1932 to 6/1/ 195
۱	I lest sew h_ex elive on_ 6//0, 1937; death is said
	to have occurred on the date stated ebove, et. 6. Am.
	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
_	were as follows:
	arteno selentie Cardio vascular 2929
	repal disease mil myourded
	Sailure
-	
	Other Contributory Causes of importence;
	Other Contributory Causes of Importance.
- *	
-	and some s
	Name of operation Name of operation Dete of
_	What test confirmed diagnosis? Was there an eutopsy? W
	23. If deeth wes dua to external ceuses (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury, 19
	Where did injury occur?
Ī	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Openity whether injury occurred in INDUSTRY, IN HUME, OF IN PUBLIC PLACE.
-	Menner of injury
	Nature of Injury
	24. Wes diseese or injury in any way related to occupation of deceesed?
	If so, specify I A June 18 Marsh
2	11 (OVO) Upd 10, 1
	(Address) - for the Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0

PHYSICIANS should state Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

properly classified.

N. B.

CTATE	OF	MADM	ARID	CEDTIE	CATE		DEATI
STATE	Ur	WARTL	AND-	CERIII	ICAIL	Ur	DEATE

1. PLACE OF D				Registration Dist. No.	00
	wasningto		••••••	M-	
				St., f death occurred in a hospital or institution, give its NAME instead of street and us ds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME.	Robert S	tenton 1	Inffe++		
(a) Residence: N	o. Millston	Md Md	WOT1-600	St., Ward.	
				If nonresident give city or town and S	State
	AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
	olor or race White	5. SINGLE, MA OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH June 13 (Month) (Day)	1935_ (Year)
. If married, widowed, or HUSBAND of				22	
(or) WIFE of	Mary Agness	Moffett		22. I HEREBY CERTIFY, That I ettended d	eceased 1
DATE OF BIRTH (month	day and year) J12	ly 25,	1862	0 11 25	death is
AGE Years	Months	Days	If LESS than	to heve occurred on the date state above, at 4:40P m.	
72	10	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade, profession,	or particular		, or a second	were as follows:	Date of or
SAWYER, BOOK	one, as SPINNER, (KEEPER, etc	Retired-		Chronic myorarditis	
kind of work d SAWYER, BDDP 9. Industry or busine work was done SAW MILL, BA 10. Date deceased last	ss in which , as SILK MILL, NK, etcPo	+ Masts			
SAW MILL, BA	NK, etc			-	
	(month and	sp.	time (years) ent in this cupation		
MINITED AND AND AND AND AND AND AND AND AND AN				Other Coutributory Causes of importance:	
2. BIRTHPLACE (city or to (State or country)	Md.	one		•	
13. NAME Wil	liam Moffet	+ .			
	and the second second			Name of operation Date of	
14. BIRTHPLACE (city (State or count	ry)	ng ton - Uo Ma	unty	What test confirmed diagnosis? Was there en eu	'onev?
15. MAIDEN NAME	Mary Dick		TO STORE FIRE	23. If death was due to external causes (VIDLENCE) fill in elso the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city		ngton Co	unter	Accident, suicide, or homicide? Date of injury	
(State or count	ry)		· · · · · · · · · · · · · · · · · · ·	Where did injury occur?	
7. INFORMANT Mr	s Mary Mof	fett		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) M- B. BURIAL, CREMATION, I	illstone, M	d.		Manner of injury	
	k, Md.	DateJun	0 15 19.35	Nature of injury	
9. UNDERTAKER - Snyc	der -Rowlan Clearspr	d-Funera	-1Home	24. Was disease or injury in any way related to occupation of deceased?	
D. FILED 6/13	19 9 1	Leu	Alune Registrar.	(Signed) Herbert R. Robert (Address) Hancack In	3/N

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Evample I

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
He speed			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

1. PLACE OF DEATH County Registration Dist. No. St. E. Williage or City St. St., E. Williage or City St., E. Williage or	<u></u>
Village or City 26 9 Emstory No. 2 St., 2 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred	
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurredyrs	
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred	Nard
in a set P	de
2. FULL NAME way aret 6. Moore.	
(a) Residence: No. & 24 Africa St., 2 Ward. (Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH June 29 st	
fluide While married (Month) (Day) (Yea	r)
1 HEREBY CERTIFY. That I ettended deceased (or) WIFE of	
6. DATE OF BIRTH (month, day, and year) Ox 18" 1856 last saw h alive on	
7. AGE Years Months Deys If LESS than to have occurred on the date stated above, atm.	
7 8 I I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
8 Trade profession or particular	DASOL
kind of work done, as SPINNER, Houseurft and old age infination	
9! Industry or businass in which work was done, as SILK MILE, SAW MILL, BANK, etc.	
11. Total time (years)	
this occupation (month and /2 /3) spent in this 40 /3	
12. BIRTHPLACE (city or town) VCIVOUNT Other Contributory Causes of Importance:	
(State or country)	
13. NAME Jacob Hane	
14. BIRTHPLACE (city or town) Dete of	
What test confirmed diagnosis? Wes there an autopsy?	
15. MAIDEN NAME Sarah 23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) Date of injury, 19	
where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 6 Lembers La	
I8. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place & kaus Merchanism (1985 Nature of injury Nature of	
19. UNDERTAKER Conductive Processes 24. Was disease or injury in any way related to occupation of deceased?	
20 FUED 6/20 1935 Charffineers (Signed) & Codyraid Toened Haroner	M. D.
Registrar. (Address) Dugaralwww (Nbd) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

24

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# HUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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FOR BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06935
1. PLACE OF DEATH	(B)(a)
County Washington	Registration Dist. No. 302
Village or City An gerstown	No. Washington County Hospital, & Ward
(lf	death occurred in a horpital d institution, give its NAME insteld of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Peyton H. Nicely	
(a) Residence: No. 201 Denvey are	St. 4 Ward.
(Usual Place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male 4. COLOR OR RACE OR DIYORCED (write the word) 5a. 1f marriad, widowad, or divorced	21. DATE OF DEATH (Month) (Oay) (Year)
HUSBAND of (or) WIFE of Edna M. Nicely	22. 39 HEREBY CERTIFY, That I attended deceased from 5-18-35 19 to 6:17-34 19
6. DATE OF BIRTH (month, day, and year) Suft 13-1883	I last saw h aliva on 19 : daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2: 05 Am.
5 / 9 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaasad last workad at this corunation (month and this corunation (month and this corunation).	were as follows: (carboal Hemonologe 5-265)
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date dacaasad last workad at this occupation (month and year)	
100 7 1	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) / Warthurship (State or country)	
	Hypersuscon
14. BIRTHPLACE (city or town) Burkely d.	
14. BIRTHPLACE (city or town) 1 2 puly 6 Co.	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Currelinfold	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Curthurfalled	Accident, suicide, or homicide? Date of injury, 19
Stata or country)	Where did injury occur?
17. INFORMANT Phis May Nicely (Address) Layertown And	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Welliamnesport Md. Oate June 21, 1935	Manner of injury
1 x12 m 0 x 1	Nature of injury
19. UNDERTAKER SLOUT - Munich of on (Addiss) Hagerstown md	24. Was diseasa or Injury in any way related to occupation of decaased?
20. FILEO 6-21- 1935 Chast Bowers	(Signad) S. Carl Houng y. 0.
Registrar.	(Address) Sage for for form
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore Requesting . S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor-	state	JPA-	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH # plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
y ite	S	t of	
Ever	CIAN	emen	
RD.	YSI	stat	
RECO	PH	xact	
LL	LY.	<u> </u>	
NE	CI	ified	
RMA	XA	class	
PE	回回	rly	cate.
IS A	state	prope	TION is very important. See instructions on back of certificate.
SII	be	he	of c
TI	plu	nay	ack
NK	sho	it r	on p
NG	AGE	that	ions
ADI	d.	8, 50	ructi
UNF	pplie	term	inst
H.	ly su	lain	See
WITH	efull	it p	ant.
LY	car	HH	port
A	d be	DEA	y im
PL	houl	OF	ver
ITE	S uc	SE	IS.
-WR	matic	CAU	LIOI

STATE OF MARYLAND—	CERTIFICATE OF DEATH (16936)
1. PLACE OF DEATH	1/1
County washing on	Registration Dist. No.
Village or City 16 eq enslower	No Masker Co Aval. st 3 Word
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city by town where death occurred	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME facues R. Mcs	dernes
(a) Residence No. 536 6 Gesting	St. 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (pric the word)	21. DATE OF DEATH
male while undower	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 LUEBERY CERTIES THE CONTROL OF TH
(or) WIFE of Besse P. Medermus	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) War. 1 1865	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm
7 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 9 Trade profession or particular	were as follows: Date of onset
Sawyer RDDKKEEPER atc	Cloudestally felland injured read in work once
3.4ndustry or business in which	and design the state
9. Industry or business in which work was done, as SILK MILL, Warkscree Myers Ho. SAW MILL, BANK, etc	Bruse back of right son 32 Pruised eye
	- South State of Language State of Stat
year) occupation occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Wash Co. M	He was voting as untchmore at &. W. myers
(State or country)	and Ca's warehouse.
13. NAME your to the demes	
13. NAME Your town). Boonstop	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Seclie (Cedy) 16. BIRTHPLACE (city or town) 16. State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16, BIRTHPLACE (city or town) Boundon	Accident, suicide, or homicide? Accident. Date of injury, 19
(State or country)	Where did injury occur? Free at washington Country a md.
17. INFORMANT Mys 1. Micoacyula	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 5366 Crestinue of,	In industry: J. W. myers & Ca's workhouse.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Accidental Gall
Placa Hougestwur Date 722, 1930	Nature of injury
19 UNDERTAKER CUISITER Jours	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) pageropory, med	If so, specify
20 FILED 6-72- 1935-6horf Baccard	(Signed) January Williams
Registrar.	(Address) Colons

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PACTERISE N. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (16937
1. PLACE OF DEATH	93-0
county Washington	Registration Dist. No. 302
Village or City Kayax Stown	No. 6 2 W. Washing Funst, War feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME MYS Odessa Mo	gle
(a) Residence: No. 629, W. Wash (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
J PML C	19 Sa, to 19 S
6. DATE OF BIRTH (month, day, and year) Suly 10 -1898	I last saw h. P. alive on, 19 death is se
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at
36 10 29. ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, AMYER, BOOKKEEPER, etc.	whichae to bulation ?
9 Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Bey Keley Spyings (Stete or country)	Other Contributory Causes of importance: Chronic Steadillo Durotion
13. NAME Tyed W. Kunge 14. BIRTHPLACE (city or town) Quy Pure -	three years, Cus B.
(State of country)	Name of operation
# 15. MAIDEN NAME Sarah E Lettrell	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME O WILL F LETTER! 16. BIRTHPLACE (city or town) Y . M. Ches tex	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) Hage The Law 1997	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL LICE. Place - A. C. S. T. W. Date LULL 1936	Manner of injury
015 (10)	Nature of injury
19. UNDERTAKER AND AGE (Address)	If so, specify
20. FILED 6 -/ 0-, 1923 GHOSHIBOCEN Registrar.	(Address) Andress M.
1 · If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U/S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
0.0			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

V. S. No. 1

ż

County Washington Village or City Hagerstown			Registration Dist. No. 3 2 2 No. 237 Jefferson St., 4 Ward
Length of residence in city or town w	here death occurred 6		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME L	ela H. Ost Jeffersor (Usualplace	oorne.	St., 4. Ward. If nonresident give city or town and State
PERSONAL AND STAT			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	OR DAYORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 21 ,193 5 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Jam	es Csborne	e •	22. I HEREBY CERTIFY. That I attended deceased from 7et. 13. 1932 to June 21, 1935
6. DATE OF BIRTH (month, day, and year)	May 15,	1872	I last saw h alive on Jame 13, 19,35; death is said
7. AGE Yaars Montt 63 1	s Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNEI SAWYER, BOOKKEFPER, etc	11. Total t	rk ime (years) nt in this upation	carcinoma of bef ovary 2-13-, "I benefal of intestines and hypothisid glands.
12. BIRTHPLACE (city or town) Had	gerstown Md.		Other Coutributory Causes of importance:
13. NAME James Mil	ler		
13. NAME James Mill 14. BIRTHPLACE (city or town) (Stata or country)	gerstown Md.		Name of operation of phoroctory Date of 2-13-32 What tast confirmed diagnosis? Fol. of lasting Was there an autopsy?
15. MAIDEN NAME Laura	Nottingh	am	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Laura Nottingham 16. BIRTHPLACE (city or town) Unknown (State or country) Md.			Accident, sulcide, or homicide?
17. INFORMANT Jame (Address) Hag	s W. Osbor erstown	rne	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OF REMOVAL ROSE Hill Cem	et Data June	e 24 _{,19} 35	Manner of injury
19. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown, Md			24. Was disease or injury in any way related to occupation of deceased? MD
20. FILED 6 - 24 - 1935	& Kast	Bowess Registrar.	(Signed) W. Pouart floger M. C. (Address) Hoger flowing Miles

CTATE OF MADY AND CEDTIFICATE OF DEATH

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1693)
1. PLACE OF DEATH	940
County Washington	Registration Dist. No. 30 2
	No. Sellutorachely in Washington Sy St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth? yrsmosds.
2. FULL NAME David A. Phettepluce	C
(a) Residence: No. Ha glistown RFD 2 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married	21. DATE OF DEATH June 6 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Chilh E. Phetteplace	22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) July 3 -1878	I last saw h; death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 10, 25 Pm.
57 11 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Nade profession or particular	anguna Dectours Date of one of
Industry or business in which work was done, as SILK MILL, duto Mechanie SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation congorth add year) 11. Total time (years) spent in this occupation of years) 12. 3. 4. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.	
12. BIRTHPLACE (city or town). Smithsfung (State or country)	Other Contributory Causes of importance:
13. NAME Dand 4- Thetteplace	
14. BIRTHPLACE (city or town) Providence	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elysbeth Masters	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Masters 16. BIRTHPLACE (city or town). Lerm any	Accident, suicide, or homicide? Date of injury, 19,
- (State of Country)	Where did injury occur?
17. INFORMANT Mrs Edith, E. Phetteplace (Address) La gestown RFD Z	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Smithling Med Date June 7, 1935	Nature of injury
19. UNDERTAKER Scott 7 Minnich as on (Address) Ha gustoma m A	
20. FILED 6 - 8 - , 1935 Charles Registrar.	(Signed) AMN, NON M.D.
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis 192 Cerebral benorrhand	of importance were as follows: Attack of epilepsy 1 week age
Arteriosclerosis 191 Chronic interstitial nephrilis 192	
Chronic interstitial nephritis 192	Down court by street can
	Run over by street car 1 week age
Cerebral hemorrhage 28 1935 July 5,	927 Peritonitis 3 days ago
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones May 1,	1923 Gastroenteritis 1 year

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OCCUPA. 1. PLACE OF DEATH Village or City Length of residence in city or town where death occurred... statement 2. FULL NAME (Sual place of abode Exact PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) classified. 5a. If married, widowed, or divorcad HUSBAND of 22. (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Days If LESS than Years Months stated above, at. 1 day, hrs or min. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATION of may back 9. Industry or business in which work was done, as SILK MILL, should SAW MILL, BANK, etc ... 11. Total tima (years) spent in this 10. Data deceased last worked at this occupation (month and that occupation ____ instructions Other Contributory Causes of importance: 08 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME in DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (State or country) Where did injury occur? __ should be very OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of Injury. LION 19. UNDERTAKER (Address) If so, specify 20, FILED. Registrar.

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? vrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) CERTIFY. That I attended deceased from DEATH and related causes of importance Date of enset 23. If death was due to external causes (VIOL ENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE 24. Was disease or injury In any way related to occupation of deceased? (Address) ...

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deteased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MURRALL V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

nfor- state JPA-		CERTIFICATE OF DEATH
5	1. PLACE OF DEATH	920
Should CCC	County MUNICION	Registration Dist. No. 307
sho of	Village or City Danovy 14001/2	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
. 70	Length of residence in city or town where death occurred 3.7 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
Ever. CIAN	2. FULL NAME BESTHA Trene Power	ess-
ERD. Every PHYSICIANS	(a) Residence: No. Sandy Wools, M. M. (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PHH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T R E. PH. Exact	3. SEX 4. COLOR OR RACE OR, DIVORCED (revise the word)	21. DATE OF DEATH (Year)
DING ANEN A CT I ssifted.	5a. If married, widowad, or divorced HUSBAND of	
BINDING ERMANER EXACT y classified te.	(or) WIFE of John Convers.	22. I HEREBY CERTIFY, That I attanded decaased from
SINI ERM EX.	6. DATE OF BIRTH (month, day, and year) Que 21 - 1997	I last say h Q alive bn 17 19.35 death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date states above, at630 Pm.
FOR B IS A PE stated I properly ertificate	37 9 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
76	9 Trade profession or particular	Were as follows: Oate of onset
VED THIS III Pe ay be ick of	8. Trada, profession, or particular kind of work dona, as SPINNER House The SAWYER, BOOKKEEPER, etc.	N. 1 0 2
K-T fould may may	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Miller 6 removes
RESER G INK- GE shou that it m	O 10. Date deceased last worked at 11. Total tima (years)	
RES VG II AGE that ons o	this occupation (month and year)	
NALO	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
ARGIN JNFADI pplied. terms, so instruct	(State or country) honology to Va.	amoular Fabrillation 6-11-
MARG] UNFA supplied n terms, ee instru	13. NAME Clarles, & Sumaser.	
o thing	13. NAME COLORIS, To Summasser.	Nama of operation
O = T	(State of country) furnishment (Co. U.C.)	What test confirmed diagnosis? Was there an autopsy? Vit
Wird efully in pla ant.	E 15. MAIDEN NAME PLINOS Priley	23. If death was due to external causes (VIOLENCE) fill in also the following:
	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Id be car DEATH y import	(State or country) houseons (Dilla)	Whare did injury occur? (Specify city or town, county and State)
All di vi	17. INFORMANT LIGHT DIVERSITY OF A D	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURNAL, CACUATION, OR REMOVAL	Manner of injury
- E B - H	Place Donnes et Uk. Date June 20, 1935	Nature of injury
-WRITE mation sCAUSE TION is	19. UNDERTAKER 19 COCCEPLES.	24. Was disease or injury in any way related to occupation of deceased?
TOB TEOF	(Address) / Bolovar W Va)	If so, specify
S S	20. FILED June 18th 1935 Cornelius H. Cratte	(Signed) N March Q No Was M.D.
> Z	h chulif Registrar.	(Address) Kallyward M.J.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		G T A L T A T L L	
Other contributory causes of importance:	124	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

STATE OF MARYLAND-	CERTIFICATE OF DEATH 08942
EATH	92:00
hington	Registration Dist. No. 8 02
ear Leitersburg Ind	No. St Ward
in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
James & Scott	yrsmosos.
Hagerstown B75 (Usual place of abode)	St., Ward. If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed divorced	21. DATE OF DEATH (Month) (Day) (Year)
nie Leininger	22. 1 HEREBY CERTIFY. That I attended deceased from 133. to 1935
, day, and year) Oct 21 1860	I lest saw h alive on
Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, at 330 Q.m.
0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
or particular and as SPINNER, Fruit Groves KEEPER, etc. Fruit Groves	jorgame heart
ss in which	Machine : Chronic myocarditie;
as SILK MILL, IK, etc	metral regulaitation; general answered.
worked at 11. Total time (years) spent in this	
wn) St Thomas	Other Contributory Causes of Importance:
Verma	
ry seat	
y) Perma	Name of operation
Susan Brickes	What test confirmed diagnosister school of the Was there en autopsy? 200
r town) Franklini ev	23. If death was due to external rauses (VIOLENCE) fill in also the following:
y) Panila	Accident, suicide, or homicide?
Geo Hartman	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
R REMOVAL &	Manage of Internal
Courtery Oate 6/1/ 1935.	Manner of injury Nature of injury
alter y y sove	24. Was disease or injury in any way related to occupation of deceased?
1/1935 Seit Ferguson Registras.	(Signed) M. D. (Address) Maynes Down Pu
If more blanks are needed, andress State Registrar,	

V. S. No.

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20. FILED

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Example I	11	Example II		
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH	3043
infor- state UPA-	1. PLACE OF DEATH	(D)) 12t U
ould of M	County Mashington	Registration Dist. No. 20	1 7
item of should of OCC	Village or City Cohologuelle	No. St.	Ward
- 70		f death occurred in a horpital or institution, give its NAME instead of street and is How long in U.S. if of foreign birth?m	
Every MANS Sment	10.00 14 11 1	A A	0505
ID. Every FSICIANS	2. FULL NAME Julia & harlolle What		
CORD. Every PHYSICIAN ict statemeni	(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and	I State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
LY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (registe the word)	21. DATE OF DEATH 25" (Month) (Day)	, 193 S
ADING MANER A C T assified	5a. If married, widowed, or diverced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	deceased from
BIND) FERMA EXA y class te.	(oi) wire of survey . / that is.	Jan - 15 p 35, 10 June 25"	19.35
BINI EX EX y clas	6. DATE OF BIRTH (month, day, and year) July - 23 - 1860	I law saw h. er alive on June 1 254, 1935	;; death is said
R A P ed ed	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4m.	
FOR BI IS A PEI stated E properly	J 1 1 0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER etc.	Mire levals Sunto hage	-1/15
耳 片			
K J Noun m	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occur, month and the second in this occur, which is a second in the second in		
ST TE TO	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation		-
ARGIN RENEADING oplied. AGHerms, so that instructions	12. BIRTHPLACE (city or town) - multile (provided to country)	Other Contributory Causes of Importance: Artists, Peterstan	1/10/5
RG NFZ plie rms nstr	13. NAME Daviel Yacus		
MAR H UNF suppli	14. BIRTHPLACE (city or town)	Name of operation Date of	
E E	(State or country)	What test confirmed diagnosis? Was there an a	au'opsy?
Y, WITJ carefully 'H in pla	15. MAIDEN NAME Charlotte Whalf.	23. If death was due to external causes (VIOL ENCE) fill in also the following	g:
INLY, W. be carefu	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
m by M	(State or country)	Where did injury occur? (Specify city or town, county and State	te)
A D B	17. INFORMANT John to Cohora in (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL.	ACE.
E W E	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
-WRIT mation CAUSE	Place (June Date Date , 19 Ju	Nature of injury	6
-WRIT mation CAUSH TION	19. UNDERTAKER G. N. Feele y Son	24. Was disease or injury in any way related to occupation of deceased?	no
Š H	(Address) Summich Md	If so, specify	
vi z (T	30. FILED James 26, 19 25 Mathemy Daglukart	(Signed) Shalfett I fall	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

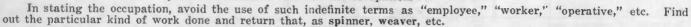
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BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state IS A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. properly classified. FOR BINDING WITH UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED mation should be carefully supplied. -WRITE PLAN

V. S. No. 1 N. B.—

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 069	45
	1. PLACE OF DEATH	(02-0)	94
	County Mashing In	Registration Dist. No. 307)
	Village or City Kocust - Grove	NoSt.,	Ward
		death occurred in a hospital or institution, give its NAME instead of street and n	
	2. FULL NAME DAVAK I Imill		
	(a) Residence: No.	St., Ward.	
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
	3. SEX 4. COLOR OR RACE OR DIVORCED ownie the word) Termaly 4. COLOR OR RACE OR DIVORCED ownie the word)	21. DATE OF DEATH (Month) (Day)	1935 (Year)
	5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of Midow of Milbart Smith	HEREBY CERTIFY, That I attended of	leceasod from
certificate.	6. DATE OF BIRTH (month, day, and year) Days If LESS than 1 day,	to have occurred on the date stated above, a 1, 1935. The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is sale
of cert	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which	were as follows:	Date of onset
back	work was done, as SILK MILL, SAW MILL, BANK, etc	Chr. myscarditis	1927
no su	10. Qate deceased last worked at this occupation (month and year)	Dther Coutributory Causes of importance:	
instructions on	12. BIRTHPLACE (city or town) Rothrans wellty and (State or country) Wash Co	Other Courtourly Causes of Importance.	
	13. NAME Rew Joseph & Frances		
See	(State or county)	Name of operation Date of What test confirmed diagnosis? Was there an a	utanev?
ant.	15. MAIDEN NAME SUSON S Huffer	23. If death was due to external causes (VIOLENCE) fill in also the following	
important	(State or country) Wash (5)	Accident, suicide, or homicide? Date of injury Where did Injury occur?	
	17. INFORMANT Author Smith Mid.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
V is very	18. BURIAL, CREMATION, OR REMOVAL Place & DCMS C Prover Date Same 4, 19.35	Manner of injury	
TION	19. UNDERTAKER & Lundy & Do Lugole, Svilly In The	24. Was disease or injury in any way related to occupation of deceased?	lio
1	20. FILED June 3, 19 35 Kalherine Dagenhar	(Signed). Della pr. (Address) Doonabooo.	M. D

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Example I	•	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF D	EATH			131	
CountyWa	shington			Posistration Diet No.	
	near Clears		(If	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.	
2. FULL NAME	George	Snyder			
	lo. Near Cl		of shode)	St., (Outeideard) If nonresident give city or town and State	
	AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
	COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 11 (Day) (Tear)	
5a. If married, widowed, o HUSBAND of (or) WIFE of	Amanda S.	Snyder		22. I HEREBY CERTIFY, That I attended deceesed from	
6. DATE OF BIRTH (mont	h, day, and year)		1862	I last saw h Lexa elive on Dans 11-th 1955; death is seid	
7. AGE Years 72	Months	Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 6:30Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	fone, as SPINNER, KKEEPER, etcL	aborer		Bughts Diese Datholonset	
SAW MILL BA	e, as SILK MILL, NK, etc				
ate deceased les this occupation year)	(month and	sp31	me (yeers) nt in this apation	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or to (State or country)	own) Washing	ton Coun	t y	Other Contributory Causes of Importance.	
13. NAME John	Snyder				
	or town) Washing	ton Coun	ty	Name of operation Dete of	
15. MAIDEN NAME	Margaret	Húll		23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city (State or cour	or town)_Moores	ville		Accident, suicide, or homicide? Date of injury, 19	
17. INFORMANT Mrs. Amanda S. Snyder (Address) Clearsoring, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Blairs Valley Cem, Date June 14 19 35				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
			14,19.35	Manner of injury	
19. UNDERTAKER Snyder-Rowland Funeral Home (Address) Clearspring Md.			Home	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D	
0	/ Na	des	Registrar, address State Registrar,	(Ardress) Clear Office Uld. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
M WEAT U.			
Other contributory causes of importance:		Other contributory causes of importance:	^
Gallstones	May 1,1923	Gustroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-CERTIFICAT	E OF	DEATH
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1.	0	6.	.0	
11	1	63	11	à
U	U	V	4	- 6

1. PLACE OF DEATH	97)
County Washington County	Registration Dist. No. 302
Village of City Hagerstown	No. 411 S Potomac St., 2 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 50yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) _mosds. How long in U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME Kate M. Spangler	
(a) Residence: No. 411 S. Potomac (Usual place of abode)	St., 2—Ward. 2 If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the work Widowed)	D, 21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HISBAND of	22. I HEREBY CERTIFY, Thet I ettended deceased from
Wife Charles A. Spangler	1971, 1933, to Jun 18, 19.131
6. DATE OF BIRTH (month, day, and year) Nov. 16, 1854	i last saw h. e.s. alive on
7. AGE Years Months Days If LESS th	The many detailed on the date stated above; street
80 7 2 ormin	I INC FRINCIPAL CAUSE OF BEATH AND TRIBLED CRUSES OF HUDDITRICE
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEPER, etc.	0.5.
9. Industry or business in which	Usus 15 tellson
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Greencastle, Pa. (State or country)	
	none
T	
14. BIRTHPLACE (city or town) Greencastle (State or country) Pa	Name of operation
100	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Elizabeth E. Hays	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Elizabeth E. Hays 16. BIRTHPLACE (city or town) Greencastle (State or country) Pa.	Accident, suicide, or homicide?
17. INFORMANT Mrs. Charles Landis (Address) Frederick Md.	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Hagerstown Dete June 21 15	Manner of injury
19. UNDERTAKER C. M. Suter & Sons (Address) + A Crack Stown 774 &	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6-2/- 1935 Chast Bower Registre	(Signed) and Flauffer M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AL RUM			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF MEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED WRITE PLANLY, B

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Washing low	Registration Dist. No.
Village or City 16 le genstour	No. 717 W, Wash, St., 2 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4 yrsmos	
2. FULL NAME Ely alice Stay	Trucan
(a) Residence; No. 7/7 W Wash	St. 2 Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (strike the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If parent, widowed, or diverced	
(or) MFC of Daniel Starten	22. HEREBY CERTIFY, That I attended deceased from
7-1-810/866	19.30, to June 11, 1900
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	I last saw h_ alive on_ fune_ 1,190 ; death is sai
7. AGE Years Months Oays If LESS than 1 dey,hrs.	to have occurred on the date stated above, et
0 / 1	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Andustry or business in which	Olx 2 moma
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Judiustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this recursion (month and	Mushin ground
10. Date deceased last worked at this occupation (month and spent in this 2/5 Zune	
year)	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	asterno deles vocas
(State or country)	
13. NAME town Cearm 14. BIRTHPLACE (city or town) which to the second s	
14. BIRTHPLACE (city or town) which	Name of operationOate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Translathandes	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME To could have des 16. BIRTHPLACE (city or town) wrusport par	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Wiss W.W. Wellevel (Address) 717 W. Wash St.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Heagerstown Oate 9/4, 1935	Nature of injury
19. UNDERTAKER Constitutes House	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 6-12-1935 Chaff Bours. Registrar.	(Signed) A Gasellana M. (Address) A Gasellana M.
	2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

06945

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis Run over by street car 1 week ago Chronic interstitial nephritis 1921 Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	-	C	6	1	9
-	3	U	0	7	0

1. PLACE OF DEATH	93-c
County Washington	Registration Dist. No.
Village or City 26 a 9 Erolowu	No. 943 W Wash St., 2 Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Howard B Still	WY
(a) Residence: No. 8 43 W. Wash.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of Matee 6. Stilleg	22. I HEREBY CERTIFY, That I attended deceased from
3,2000	Jule 24 , 19 J J, to Just 26, 19 Js
6. DATE OF BIRTH (month, day, and year)	Past saw hand alive on fine 1953; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stored above, at _O
63 8 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	taluvalegia: - Date of open
Trada, profession, or particular kind of work dona, as SPINNER, Ret R. R. Gung, SAWYER, BOOKKEEPER, etc.	Primary Conse: Carefral Bernonhage!
A Industry or business In which	C
work was dona, as SILK MILL, W. M. 14. 12.	
11. Total tima (years) this occupation (month and year) vear) occupation occupation	
year) occupation	
12. BIRTHPLACE (city or town) Carroll Go	Other Contributor Courses Limportance:
(State or country)	
13. NAME Thomas Stilley	
I	Name of a position
14. BIRTHPLACE (city or town) Carrent Co. (State or country)	Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
I June 1	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Data of injury, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hay El Janbour	Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) SOZ S. Potorwac St	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 10 agraviour Date 12 4 , 19.30	Nature of Injury.
19. UNDERTAKER Consulter Love	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Hagerstorfere, Just.	If so, specify
6/38 30-Marty sower	(Signed) Nacognatives AM. D.
20. FILED 19 Registrar.	(Address) Hageistein Mid.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 131 W. WASHINGTON ST.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A HOLL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (1695)
1. PLACE OF DEATH	93-20
County Charles	Registration Dist. No.
Village or City & agention	No. Wash Co. Hook St & Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foraign birth?yrs,mosds.
2. FULL NAME huldred & to	lland
(a) Residence: No. 14 6. Lee II	St., St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22_ 1 HEREBY CERTIFY That I attended decaased from
1. 1 2 6 4 10 -17	May 18 , 1930, to Joure 13, , 1938
6. DATE OF BIRTH (month, day, and year)	I last saw h. A alive on
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1/120 12-m.
17 10 14 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BROWKERS OF ALL CAPTURES OF THE SAWYER BROWKERS OF THE SAWYER B	acute Somerulo net hoto: a se- 26 day
SAWIER, BOOKREEPER, Etc.	guela of influence according to history of case
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Myscortist Lypological
10. Date dacaasad last workad at 11. Total time (years)	1 Diline 18 /day
this occupation (month and year) spent in this occupation	Duration of the soute neglocitie : 26 days.
Mark Co	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E 1440 1 00	<u> </u>
14. BIRTHPLACE (city or town) (State or country)	Name of oparation Alone Oate of Oate of
	What tast confirmed diagnosis ACV
	23. If death wes due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wash (State or country)	Accident, suicide, or homicide?
ES. Wellengs	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Place Washington State 1/6 1937	Mannar of injury
	Natura of injury.
19. UNDERTAKER Commenter from	24. Was disaase or injury in any way related to occupation of dacaased?
(Addrass) 10 2 gentlement	If so, spacify
20. FILEO 6 10 19 35 9 MM 17 Down	(Signad) W. D. M. D. M. D.
Registrar.	(Addrass) (A government of the Aller of the

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4.00	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

. 1.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06952
1. PLACE OF DEATH	222
County Wasyington.	Registration Dist. No.
Village or City Hagerstown.	No. Middleburg Pike. St., Ward
Length of residence in city or town where death occurred 69 yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Emma Wilf.	
(a) Residence: No. Middleburg Pike. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE OR DIVORCED ("write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH June 26 ,193 5 (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of David Wolf.	22. Jan 1 HEREBY CERTIFY, That I ettended deceased from 1935 No June 26 1935
6. DATE OF BIRTH (month, day, end yeer) Oct. 25,1865	Flest sew h_ LN allve on about June 1, 1935; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, Home Work • SAWYER, BOOKKEEPER, etc	barcinoma of 1934 unner Canthus
O 10. Date deceased last worked at this occupation (month and year)	Of Other Contributory Courses of importance:
Pinesburg. (State or country) Washington County, Md.	
13. NAME Unable to ablance	,
13. NAME Waple to Colore 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis flow call the Was there an autopsy? No.
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)(State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs Anna Ebberts. (Address) Hagerstown, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Cemet Dete June 27, 19 35	Manner of injury
19. UNDERTAKER Fred W. Kraiss. (Address) Hagerstowh	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 6/26/, 19-35 Sharff Boccoss Registrar.	(Signed Address) Angerstown M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. N eath occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or fown where death occurred How long in Use if of foreign birth? 2. FULL NAM (a) Residence: If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEAT 5. SINGLE, MARRIED, WIDOWED, (Month) (Day) BINDING HUSBAND That I attended deceased from 6. DATE OF BIRTH (month, day, 7. AGE to have occurred on the date stated above 1 day. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNE RESERVED SAWYER, BOOKKEEPER may Industry or business i 11. Total time (years) occupation Other Contributory Causes of importance. or country See carefully MOTHER 3. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? OF DEATH Where did injury occur?. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods very 18. BURIAL Manner of injury SE Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) 20. FILED. Registrar. If mord blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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